

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10056998 / FILING DATE _____
APPLICANT(S) _____

12/2/105

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2			
TOTAL DEP.			4			
TOTAL CLAIMS			6			

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